

UNITED STATES DISTRICT COURT FOR THE DISTRICT OF MONTANA
TRANSCRIPT DESIGNATION AND ORDERING FORM

Please read instructions.

1. NAME		2. PHONE NUMBER		3. DATE	
4. MAILING ADDRESS		5. E-MAIL ADDRESS		6. CITY	7. STATE
8. ZIP CODE	9. JUDGE		10. CASE NAME		
11. U.S. DISTRICT COURT CASE NUMBER			12. COURT OF APPEALS CASE NUMBER		

13. ORDER FOR

APPEAL	CRIMINAL	CRIMINAL JUSTICE ACT	BANKRUPTCY
NON-APPEAL	CIVIL	IN FORMA PAUPERIS	OTHER - Specify

14. TRANSCRIPT REQUESTED - Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.

PORTIONS	DATE(S)	REPORTER	PORTIONS	DATE(S)	REPORTER
Change of Plea			Closing Argument - Plaintiff		
Pre-trial Proceeding			Closing Argument - Defendant		
Voir Dire			Settlement Instructions		
Opening Statement - Plaintiff			Jury Instructions		
Opening Statement - Defendant			Sentencing		
Testimony - Specify Witness			Other - Specify		

15. ORDER

CATEGORY	ORIGINAL Includes certified copy to clerk for records of the Court	FIRST COPY	ADDITIONAL COPIES	FORMAT REQUESTED Each format is billed as a separate transcript copy.	
				Paper	Electronic Specify File Format
30-Day	\$3.65/page	\$.90/ page	\$.60 page	Full Size A-Z word index	ASCII PDF A-Z word index
14-Day	\$4.25/page	\$.90/page	\$.60/page	Full Size A-Z word index	ASCII PDF A-Z word index
7- Day	\$4.85/ page	\$.90/ page	\$.60/page	Full Size A-Z word index	ASCII PDF A-Z word index
DAILY	\$6.05/page	\$1.20/ page	\$.90/page	Full Size A-Z word index	ASCII PDF A-Z word index
HOURLY	\$7.25/page	\$1.20/ page	\$.90/page	Full Size A-Z word index	ASCII PDF A-Z word index

16. & 17. CERTIFICATE OF SERVICE, DISTRIBUTION and PAYMENT

E-file this form with the Clerk's Office, mail to opposing counsel if they are not electronic filers and serve the court reporter.

If payment is authorized under CJA, do not e-file the CJA-24 form. Mail it to the court reporter.

Financial arrangements must be made with the court reporter before transcript is prepared.

I certify that this form has been served on the court reporter this date: _____ Attorney signature: _____

Date order received by court reporter: _____ Expected transcript completion date: _____